Health Care Providers and Payers

Alcohol and drug abuse and addiction continues to be a huge problem in the United States. Nowhere is this felt more than in the health care community. Health care providers and those who pay for medical services feel the impact of a disease that affects millions. According to the "2001 National Household Survey of Drug Abuse:" [1]

- There are 15.9 million illicit drug users in the United States—7.1% of the U.S. population over 12 years of age.
- 10.8 percent of youth 12-17 years of age used an illicit drug in the last 30 days.
- 28.5 percent of all youth aged 12 to 20 drank in the last month—10.1 million. Of that total, 6.8 million were binge drinkers, 2.1 million heavy drinkers.
- Almost one in five adult Americans lived with an alcoholic while growing up.[2]

With so many men, women, and youth using or addicted to alcohol and illicit drugs, the chances are that anyone engaged in the provision of health care will encounter people in need of help with alcohol and drug problems. It is almost certain that primary care physicians in managed care settings will encounter many of those with substance abuse problems since many of them have health care insurance and almost 77 percent of illicit drug users are employed.[3] If a primary cause of their health problems—drugs and alcohol—is not met head-on, through referrals and support, these patients will continue to tax the medical care system and cost payers because of the need to treat other medical conditions exacerbated by substance abuse or addiction. The list of co-existing diseases is long, ranging from AIDS to hypertension and cardiovascular disease, from diabetes to hepatitis C.

In the course of practice, health care providers can also expect to see people with "co-occurring" disorders, that is, those with both mental and substance abuse disorders. About half of people with a lifetime addictive disorder also experience a lifetime history of at least one mental disorder. Roughly 50 percent of those with a lifetime mental disorder also have a lifetime history of at least one addictive disorder.[4] Unfortunately, large numbers of these people in need of treatment do not receive it.

"I got kicked out of pharmacy school twice due to a full-blown cocaine addiction—the school [called it] 'academic difficulty.' I call it the conspiracy of silence. People don't know where to turn when [addiction] happens. There isn't a lot of discussion about what to do and where to go."

—**David Marley**
Executive Director of the
NC Pharmacists Recovery Network

Failure to treat both disorders almost assures an exacerbation of health problems. The U.S. Substance Abuse and Mental Health Services Administration's ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders*** points out: "If one of the co-occurring disorders goes untreated, both usually get worse and additional complications arise. The combination of disorders can result in poor response to traditional treatments and increase the risk for other serious medical problems."[5]

According to a substance abuse study of primary care physicians and patients, 54 percent of patients said their primary care physician did nothing about their substance abuse—43 percent said their physician never diagnosed it; 10.7 percent said they believed their physician knew about their addiction and did nothing about it.[6] The study bolstered this perception by stating that "more than nine in ten physicians fail to spot substance abuse in adults. Four out of ten missed it in teens."[7] There are several reasons why physicians miss or misdiagnose substance abuse, including lack of adequate training in medical school, skepticism about treatment effectiveness, patient resistance, discomfort in discussing substance abuse with patients, and time constraints.[8]

Effectiveness of Treatment

Only a small number of medical practitioners feel that treatment for drug abuse and alcoholism is very effective.[9] Most of these same practitioners consider treatments for other chronic conditions such as hypertension and diabetes to be very effective.[10] Yet, treatment success rates are comparable for these medical conditions. In a study reported in the *Journal of the American Medical Association* (*JAMA*), drug dependence, including alcohol, was compared to type 2 diabetes mellitus, hypertension, and asthma. The study concluded that "medical adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated like other chronic illnesses."[11]

Other studies confirm these findings and even show that brief interventions are effective in significantly reducing dependence.[12, 13]

Brief Interventions

Brief interventions can be effective in a variety of populations. A study was conducted among older "problem drinkers"—men who consumed 11 or more drinks per week, women who consumed eight or more drinks per week—and those who indicated other difficulties with alcohol. They received two 10-15 minute interventions and reinforcement visits one month apart. Follow-ups were conducted at three, six, and 12 months. At 12 months, the intervention group had reduced alcohol consumption by 36 percent. The proportion of drinkers classified as excessive drinkers declined by 52 percent, and binge drinking declined by 47 percent.[14]

A second study was conducted in a trauma center. The study noted that about 50 percent of patients admitted to trauma centers in the United States are intoxicated and among them approximately 85 percent have a serious problem with alcohol. Trauma centers routinely treat the injuries but ignore the underlying alcohol problem. In the study conducted in a level 1 trauma center, a sample of patients screened for alcohol problems received either a brief, 30-minute counseling session or standard trauma center care. Researchers examined records for every hospital in Washington state to determine if patients were re-admitted. Over the next three years, among those who received an intervention, there was a 48 percent reduction in injuries requiring hospitalization. In addition to a decrease in alcohol use and trauma reduction, risk-taking behavior, DUIs, traffic violations, alcohol-related arrests, and other arrests also declined.[15]

Silent Success

It can be argued that one other factor, unique to the substance abuse field, plays a part in the diminished awareness of treatment success; that is the long tradition of protecting the anonymity of people in recovery. In no other field do millions of success stories go untold. The vast majority of these men, women, and youth in recovery are leading healthy, active, productive lives. But few outside their families and close friends are aware of their successes. This year's theme, ***"Join the Voices for Recovery: Celebrating Health,"*** underscores the importance of sharing the successes of recovery with the public.

Making a Difference: What Can I Do?

1. **Get the Facts.** Learn about the newest science-based treatment protocols through education and training. Learn about the nature of addiction and increase your understanding of the recovery process.

2. **Examine Your Own Perceptions of Substance Abuse.** A study states "the effects of drug dependence on social systems have helped shape the generally held view that drug dependence is primarily a social problem, not a health problem."[16] It is hard even for health professionals to entirely escape this perception, but research clearly establishes that addiction to alcohol and drugs is a medical problem, not a moral weakness. The stigma associated with addiction compromises the ability of people in need from getting treatment. The best way to combat stigma is by educating and informing ourselves and others about the disease. In that manner we can change attitudes and actions.

3. **Recognize that "One Size Does Not Fit All."** Nowhere is this more true than in the field of substance abuse treatment. To be fully effective, service plans should be individualized to the needs of the client. Cultural background and special needs must be recognized. It is important to take into account the needs of those with co-existing disorders including HIV/AIDS and physical and cognitive/developmental disabilities.

4. **Take a Holistic Approach to Those with Co-occurring Disorders.** Make every effort to identify those with co-occurring substance abuse and mental disorders and treat the whole person. For treatment to be fully effective, it is vital that health care providers expect that

patients will exhibit both mental and substance abuse problems and will need coordinated treatment for both conditions.

5. **Re-evaluate Mental Health and Substance Abuse Benefits**. Many assumptions about the cost of benefits were made based on actuarial assumptions which reflected utilization patterns from the 1970s and 1980s. They do not reflect today's private sector treatment systems.[17] Rand Health conducted a study of 24 plans that had no limits on mental health or substance abuse care, $10 co-payments for outpatient visits, and $100 co-payments for inpatient care. Services were managed through a managed behavioral health organization. Providing unlimited mental health benefits in these plans resulted in about $45 per plan member per year of insurance payments to providers.[18] Unlimited substance abuse benefits alone accounted for about an additional $5 per plan member per year.[19]

6. **Employ Screening Instruments to Help Identify Those in Need of Services.** Experts in substance abuse treatment recommend that primary care clinicians "periodically and routinely screen all patients for substance use disorders."[20] In addition to questioning patients, a variety of screening instruments are available for use. A number of these instruments, including CAGE, CAGE-AID (CAGE adapted to include drugs), AUDIT, TWEAK, and MAST, are described in depth in Treatment Improvement Protocol (TIP) Series #24, *A Guide to Substance Abuse Services for Primary Care Clinicians* (DHHS Publication No. (SMA) 97-3139). It can be ordered free of charge from SAMHSA's clearinghouse, the National Clearinghouse for Alcohol and Drug Information (NCADI), at 1-800-729-6686, 301-468-2600, or 1-800-487-4889 (TDD).

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

We encourage health care providers and payers to take action in support of ***Recovery Month***, which begins in September 2003. Your voice is vital to the success of the 14th annual celebration of ***Recovery Month***. Here are some thoughts for your consideration:

1. **Encourage Others to Take Action.** Please encourage fellow health care professionals in their efforts to improve practices and make changes for the better. Encourage clinicians to seek out training so that they are better equipped to identify patients with drug and alcohol problems and refer them for treatment. Support efforts to increase medical students' knowledge of substance abuse and its treatment. Those of you who are involved in paying for services can make a great difference by adopting policies that better support treatment. Promote the facts about treatment's effectiveness and the realities of the recovery process. Talk with your constituents openly about how to fight their discomfort in tackling these issues.

2. **Examine Your Own Workplace Benefits.** Objectively evaluate your own workplace benefits to see if there are equal resources for your employees when it comes to mental health services and treatment for drug and alcohol addiction. Facilitate the provision of adequate treatment services for family members as well as the primary beneficiary of services.

3. **Participate in a Community Forum.** Many cities around the nation will be hosting Community Forums during ***Recovery Month*** to talk about drug and alcohol addiction,

to discuss recovery-related topics, and to solve identified problems. Consider becoming a Forum participant. Your expertise and commitment will be invaluable.

4. **Speak Out from a Personal Perspective, if You Are Comfortable.** If you or a loved one is recovering from a drug or alcohol problem you can be a very powerful voice for the effectiveness of treatment. As a respected member of your organization and your community, you may be able to impact benefit and service delivery decisions. You may want to consult your employee assistance program or human resources representative first to identify the most suitable and receptive audience for your disclosure. For maximum impact, if you have colleagues within the organization who also are in recovery, ask them if they would like to join you.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.hhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.ncadi.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

SAMHSA National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
301-443-5052
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Health Resources and Services Administration
Bureau of Primary Health Care
4350 East West Highway
Bethesda, MD 20814
888-ASK-HRSA (Toll-Free)
www.bphc.hrsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-443-3860
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

HHS, NIH
National Institute of Mental Health
Neuroscience Center
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
301-443-4513
www.nimh.nih.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472 (Toll-Free)
301-230-7199 (TDD)
www.omhrc.gov

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Alcoholism and Substance Abuse Providers of New York State
1 Columbia Place
Albany, NY 12207
518-426-3122
www.asapnys.org

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202-966-7300
www.aacap.org

American Council on Alcohol Problems
2376 Lakeside Drive
Birmingham, AL 35244
205-989-8177

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

American Mental Health Counselors Association
801 North Fairfax Street, Suite 304
Alexandria, VA 22314
800-326-2642 (Toll-Free)
www.amhca.org

American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209
888-357-7924 (Toll-Free)
www.psych.org

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
800-374-2721 (Toll-Free)
www.apa.org

American Society of Addiction Medicine
4601 North Park Avenue, Upper Arcade Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

Association for Medical Education and Research in Substance Abuse
125 Whipple Street, 3rd Floor, Suite 300
Providence, RI 02908
401-349-0000
www.amersa.org

Association of American Indian Physicians
1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108
405-946-7072
www.aaip.com

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

Indian Health Service
The Reyes Building
801 Thompson Avenue, Suite 400
Rockville, MD 20852-1627
301-443-2038
www.ihs.gov

International Nurses Society on Addictions
P.O. Box 10752
Raleigh, NC 27605
919-821-1292
www.intnsa.org

Massachusetts Organization for Addiction Recovery
(Affiliate of NEAAR-CSAT RCSP Grantee)
c/o Boston ASAP
30 Winter Street, 3rd Floor
Boston, MA 02108
617-423-6627
www.neaar.org/moar

National Adolescent Health Information Center
Division of Adolescent Medicine, Department of Pediatrics and Institute for Health Policy Studies
School of Medicine, University of California, San Francisco
3333 California Street, Suite 245
San Francisco, CA 94118
415-502-4856
http://youth.ucsf.edu/nahic

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association of Addiction Treatment Providers
313 W. Liberty Street, Suite 129
Lancaster, PA 17603-2748
717-392-8480
www.naatp.org

National Association of Social Workers
750 1st Street, NE, Suite 700
Washington, DC 20002-4241
202-408-8600
800-638-8799 (Toll-Free)
www.socialworkers.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council on Alcoholism and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005-3201
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Indian Health Board
1385 South Colorado Boulevard, Suite A707
Denver, CO 80222
303-759-3075
202-742-4262
www.nihb.org

National Medical Association
1012 10th Street, NW
Washington, DC 20001
202-347-1895
www.nmanet.org

National Mental Health Association
2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
703-684-7722
800-969-6642 (TTY) (Toll-Free)
www.nmha.org

National TASC (Treatment Alternatives for Safer Communities)
2204 Mount Vernon Avenue, Suite 200
Alexandria,VA 22301
703-836-8272
www.nationaltasc.org

Phoenix House
164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

The Association for Addiction Professionals
901 N. Washington Street, Suite 600
Alexandria, VA 22314
703-741-7686
800-548-0497 (Toll-Free)
www.naadac.org

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14 ibid.

15 *Annals of Surgery*, November, 1999. Excerpted by Academic Medical Center, University of Washington, November 12, 1999.

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19 ibid.

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